

## 2012 CAP-I/DD QUALIFICATIONS CHECKLIST

**PROVIDER NAME:**

Control #(s)								
Staff Name * if med administration needed								
Date of Hire								
Date(s) of Service								
Paraprofessionals - HS Diploma/ GED								
AP/QPs - Degree/Experience								
<b><i>Before date of service:</i></b>								
Core Values								
Incident/Accident Reporting								
Overview of DD								
Interaction & communication								
Participants rights								
PC Thinking								
Role/Purpose Philosophy								
Service Documentation								
First Aid								
Current CPR								
Alt. to Restrictive Intervention								
Medication Administration								
<i>Additional Training Per PCP</i>								
<b><i>Also:</i></b>								
Supervision Plan								
Supervision Plan Implemented								
Criminal Record Check								
HealthCare Registry Check								